

CITY OF BEND SENIOR CITIZEN & DISABLED PERSON REDUCED SEWER AND STORMWATER RATE APPLICATION

NAME AND ADDRESS OF APPLICANT		CITY OF BEND ACCOUNT NUMBER	
		PHONE NUMBER OF APPLICANT	
AGE O	F APPLICANT: TOTAL N	UMBER IN HOUSEHOLD:	
<u>NOTE</u> :	be eligible for a reduction on stormward in this application is for the CONFID any difficulty completing this form, ple	d disabled persons under the age of 62, may ater and sewer base charges. The information ENTIAL use of the City of Bend. If you have ease contact the Utilities Billing Department at ty reserves the right to require proof of income y requirements.	
This income See the statem tax re	e income limitations and list of incomnent of benefits from the Social Se	uctions):ons living in the residence, regardless of age. le sources. Include a copy of your latest curity Administration, State and Federal (see last page for proof of income	
	OF GARBAGE COMPANY:(Applicant could be eligible for reduced	I garbage collection rates.)	

Application will not be processed with incomplete information. Once the application has been processed, if additional information is required, the City staff will notify you of any additional information needed.

Eligibility Requirements:

Income level is your household income, meaning the combined gross earnings of *all* persons living in the house, per year. See limits below:

Income Limits:

Household Size	Income Level
1 person	\$39,000 per year
2 persons	44,600 per year
3 persons	50,150 per year
4 persons	55,700 per year
5 persons	60,200 per year
6 persons	64,650 per year
7 persons	69,100 per year
8 persons	73,550 per year
Each additional household member	4,450 per year

Income includes the following:

- 1. Payment for services, such as wages salary, commission or fees
- 2. Income from non-farm self-employment
- 3. Income from farm self-employment
- 4. Social Security income
- 5. Dividends or interest on savings or bonds, income from real estate or trust, or rental income
- 6. Public assistance or welfare payments
- 7. Unemployment compensation
- 8. Government, civilian or military, retirement or pension; or Veteran's payments
- 9. Private pensions or annuities
- 10. Alimony or child support payments
- 11. Regular contributions from persons not living in the household
- 12. Net royalties
- 13. Other cash income such as savings account withdrawals

Age Requirement:

- 1. You must be the **account holder** and you must be 62 years old or above.
- 2. You must be the **account holder** and if under the age of <u>62</u> years old you must be disabled.

Program Notes:

- 1. After receiving assistance under this program you will not be eligible for the City's Utility Billing Assistance Program.
- 2. This reduction is not available if you have received assistance under the City's Utility Billing Assistance Program Program within the past 12 months.
- 3. Applicants for this program might be eligible for reduced garbage collection rates.

Please complete the application and return it with copies of the following items that apply. Please check the items you will be supplying with your application. Do not enclose originals unless the City of Bend may keep them.

household (<i>Please e address are on the p</i> for all checking/saving Verification of any respective A current benefit stated If you are self-employalance sheet. Copies of current ref	ost recent pay stubs from sure the employee's pay stub), AND copies ngs accounts. Estirement income receitement from the Social syed, provide a year to tirement or pension accorded and	rom all individuals employed in the sename and employer's name and so of the last (3) months bank statements lived in the household. The last (3) months bank statements lived in the household. The last (3) months bank statements and last security Administration. The date profit and loss statement and loss stateme
☐ Verification of any of		
☐ If the home is share		the requested income and bank
I hereby certify that all of knowledge and belief.	the above information	n is true and correct to the best of my
DATE:	SIGNATURE:	
Please return this form to:	City of Bend Utilities Department P.O. Box 1024 Bend, OR 97709	Questions call: 541-388-5515
submitted to the City of Bend is open t 192.505. One (1) copy of each original	o public inspection under the Cal Application shall be kept for t	Application, the Applicant acknowledges that information bregon Public Records Law, ORS 192.410 through he City of Bend for a minimum period of one (_1_) and erstanding the provisions of the Public Records Law.
the Applicant shall prominently mark in in writing that the Applicant wishes the information so marked as confidential any public records request for disclosuithe City shall provide the Applicant with have ten (10) City working days within the requested confidential information the final discretion to determine wheth information. The Applicant does not we restraining the City from disclosing successions.	n conspicuous letter any inform material to be held in confider and not subject to public discloure of such information, within the written notice of the request, which to provide a written resp. Whether the Applicant submiter to release the receipt of any vaive any rights to seek a protect	dential. Prior to submitting such information to the City, ation with the words 'Confidential Information" and state and the reasons therefore. The City may treat any usure, to the extent permitted by law. If the City receives en (10) City working days of receiving any such request, including a copy of the request. The Applicant shall conse to the City, before the City may disclose any of the any written response to the City, the City shall retain response from the Applicant prior to releasing such ctive order from a court of competent jurisdiction
FOR CITY USE ONLY:		
Denied		
Approved By:	Da	te received:
Approved By:	Dа	te Approved: